Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TOM BARRETT FOR CONGRESS PO BOX 15221 ADDRESS (number and street) (Check if address is changed) Lansing 48901 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@tombarrettforcongress.com (Check if address is changed) Optional Second E-Mail Address |dwhol@sbcglobal.net COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.tombarrettforcongress.com (Check if address is changed) DATE 2021 C00793976 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Wholihan, Daniel, , , Type or Print Name of Treasurer Wholihan, Daniel, , , [Electronically Filed] Date 09 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the caminformation below.)	didate
	Name of Candidate Barrett, Thomas, , ,	
	Party Affiliation REP Sought: * House Senate President	State MI istrict 07
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organia	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1	

	FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name	·	i aye <b>y</b>
٠		T FOR CONGRESS	
6.		Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address	824 S MILLEDGE AVE STE 101	
		ATHENS	30605
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represen	tative Leadership PAC Sponse
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the perso	on in possession of committee
	Wholihan,	Daniel, , ,	
	Full Name	PO Box 1182	
	Mailing Address	1 O BOX 1102	
		Brighton MI	48116
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	517 - 896 - 9992
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee assistant treasurer).	e; and the name and address of
	Full Name Wholihan,	Daniel, , ,	
	of Treasurer	PO D . 4400	
	Mailing Address	PO Box 1182	
		Brighton MI	48116
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Talaukana mumban	517   896   9992

FEC Form	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Faggion, Alec, , ,		
Mailing Address	PO Box 15221		
	Lansing	MI	48901 
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Agent		none number 202	5301
	<b>Depositories:</b> List all banks or other depositories in which the xes or maintains funds.	committee deposits funds	s, holds accounts, rents
Name of Bank, [	Depository, etc.		
	PNC		
Mailing Address	120 N Washington Square Ste 100		
	Lansing	MI4	8933
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	Classic City Bank		
Mailing Address	2365 W Broad St		
	Athens	GA 3	0606
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	I Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 15221		
	LANSING	MI	48901
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Spo
Connecte		Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee   Affiliated Committee   Joint   Ty by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee  Affiliated Committee  Fy by name, address (phone number – optional)  CITY		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposites safety deposit boxes or make the connected agents.	Affiliated Committee  Affiliated Committee  To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee  Affiliated Committee  To pries: List all banks or other depositories in which aintains funds.  Affiliated Committee  To pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_6\_ **of** \_9\_\_\_

5(a)	or(h). <b>Joint Fundraisin</b>	o Participant:		
- (3)	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	nising Representative	e, or Leadership PAC Sponsor
	Take Back the Ho	_		
	Mailing Address	PO BOX 30844		
	Ü			
		Bethesda	, MD,	. 20824
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
8.	Designated Agent: Identify  Full Name	y by name, address (phone number – optional)	1 1 1 1 1 1 1	
8.		y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	y by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		ZIP CODE <b>A</b>
8.	Full Name	CITY A	STATE  ephone Number	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION	CITY A	ephone Number	
<ol> <li>8.</li> <li>9.</li> </ol>	Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tel  ries: List all banks or other depositories in which t	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main	CITY   CITY   Tel  ries: List all banks or other depositories in which t	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main Name of Bank, Evolve	CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.  Bank and Trust	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposito safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY   CITY   Tel  ries: List all banks or other depositories in which taintains funds.  Bank and Trust	ephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected Barrett for MI-07	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connected		Fundraising Representa	Leadership PAC Sp
Connecter connec	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Affiliated Committee Joint  y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition and the company of the company o	Affiliated Committee Joint by by name, address (phone number – optional)  CITY   CITY   Teles: List all banks or other depositories in which aintains funds.  Bridge Bank	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ing ranticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
NRCC MICHIGA	N VICTORY		
Mailing Address	320 1ST STREET, SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
п.	ed Organization		
	Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m  ame of Bank, Servis	fy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or m  ame of Bank, Servis	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  SFirst Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.  SFirst Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Barrett-Gibbs Vic	Organization, Affiliated Committee, Joint Fundatory Committee	draising Representative	e, or Leadership PAC Spons
Mailing Address	1060 Powers Place		
	Alpharetta	GA GA	30009
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name			
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A  CITY A  pries: List all banks or other depositories in which	Telephone Number	